



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000013560		2. Exact name of the Corporation H & F Realty Corp.			
3. Principal office address 320 Woodland Road			City Chestnut Hill	State MA	Zip 02467
4. Business Phone No. 617-277-3551			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To own, operate and manage real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Michael A. Rudman			Vice-President Name none		
Street Address 135 Lincoln Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Deborah D. Rudman			Treasurer Name Deborah D. Rudman		
Street Address 320 Woodland Road			Street Address 320 Woodland Road		
City Chestnut Hill	State MA	Zip 02467	City Chestnut Hill	State MA	Zip 02467
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Deborah D. Rudman			Director Name Michael A. Rudman		
Street Address 320 Woodland Road			Street Address 135 Lincoln Avenue		
City Chestnut Hill	State MA	Zip 02467	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
			NUMBER OF SHARES 60	CLASS/SERIES common	PAR VALUE no par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED
 File Date: **MAR 06 2017**
 Check No: **1184**
 BY: **[Signature]**
 FOR SECRETARY OF STATE USE ONLY

[Signature] 2/10/17
 Signature of Authorized Representative Date
Michael A. Rudman, President
 Print or Type Name of Authorized Representative